



## Transfer of Skills

Child: \_\_\_\_\_

CBIS #: \_\_\_\_\_

<p><b>Strategies &amp; Activities to be Completed During Additional Time</b></p>	
<p><b>Explanation of Why Outcome Cannot be Met Under the Current Service Limits</b></p>	
<p><b>Description of How the Skills Will be Transferred to the Parents/Caregivers</b></p>	
<p><b>Description of How the Skills Will be Transferred to the Other IFSP Team Members</b></p>	

\_\_\_\_\_  
Service Coordinator

\_\_\_\_\_  
*Signature of Service Coordinator*

\_\_\_\_\_  
Date